

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>		100001	7/14/02
<b>O.I.P.E. CLASSIFIER</b>		49	
<b>FORMALITY REVIEW</b>		65373	3/14/02
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral).... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	1/14/02	4/27/02
2			4/27/02
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23	✓	✓	✓
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39	✓		
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48			✓
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Claim	Final	Original	Date
51	✓	✓	4/27/02
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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